

were examined, but not the radial nerve or the muscles. In the cord there was no visible abnormal change in any part of the nervous matter or the neuroglia; the vessels, however, exhibited well-marked hyaline degeneration of the walls of the arteries, both in the gray and white substance of the cord, affecting perceptibly the middle and outer coats of the vessel. The cellular elements were swollen; the nuclei were not visible, and they did not stain with either carmine or logwood. The nerves examined were likewise normal, except that the small arteries in the nerve-sheaths also exhibited a hyaline change. There was no proliferation of the nuclei of the nerve-sheaths, or increase of connective tissue; no fragmentation of the myeline sheaths, or indistinctness of the axis-cylinder. The sections of the cord were treated with carmine alone, and with carmine and osmic acid. The nerves, by longitudinal transverse section, also by teasing; stained with carmine and osmic acid. The author, in making a summary of recorded cases with autopsy, has overlooked Birdsall's case, and a case of Seguin's reported in Birdsall's article published in 1882.

A PECULIAR ATROPHIC PARALYSIS IN SEVERAL CHILDREN OF THE SAME FAMILY.—Dr. Schultze, of Heidelberg, reports the cases of three children, aged respectively three, seven, and eight years. All were born healthy, and without any known hereditary taint, learned to walk at nine months, but all became affected in the same manner, when about two years old, with a progressive atrophic paralysis, which first involved the peronei then attacked the tibial and crural groups, producing talipes, and, in the oldest girl, finally invading the hands and forearms. Sensory disturbances were but trifling. The reaction of degeneration was present in the muscles and nerves involved. The author favors the view that the symptoms are dependent on a multiple peripheral affection.—*Centralblatt f. Nerv. u. Psych.*, Feb.

W. R. BIRDSALL, M.D.

d.—MENTAL PATHOLOGY.

PUERPERAL TRANSITORY FRENZY.—Under the title of puerperal insanity cured by timely catharsis, Dr. T. N. Reynolds (*Med. Age*, May 25, 1883) reports the following case, which he saw two and a half days after delivery. For two days unremitting puerperal insanity of the maniacal form had existed. The patient was being forcibly held, screamed almost incessantly, and dashed from her every thing but an occasional drink. There was no uterine inflammation, the bowels had not moved. She was given three drops of croton oil in her next glass of water. A full evacuation followed, with two or three watery passages afterwards; she grew gradually quiet, soon went to sleep, and had not any more symptoms of puerperal insanity. It will be obvious that the

case was one of transitory frenzy which would have recovered without treatment. The treatment adopted was, however, not contra-indicated, although the results are far from illustrating the point raised by Dr. Reynolds.

CAUSES OF SITIOPHOBIA AMONG THE INSANE.—Dr. O. Everts (*American Journal of Insanity*, 84-85) calls attention to certain neglected causes of sitiophobia as follows: "Observant of every thing, the hospital physician should be particularly sensitive to, and careful respecting, little things—things that are likely to be overlooked, or disregarded as 'little,' by the insensitive, indifferent, ill-bred. And there are such—I grieve to say so—in this broad land of freedom and democracy; persons, for example,—I have seen such prescribing for the sick,—who would smile incredulously, or derisively, at the protest of a patient alleging inability to drink from a cup, or dip from a bucket, used in common by the patients of the hospital ward, or complaining of loss of appetite, and inability to eat, because of offensive odors, or the disgusting appearance or habits of table associates. I have known persons, also employed in hospitals in official positions, who could not comprehend the delicacy of feeling that would cause a person of refinement, even when insane, to shrink from bathing in company—two or more persons occupying the same tub and water, and using the same towel,—notwithstanding the impatience of attendants required to bathe a certain number of persons within a given number of hours. But such persons, it is needless to say, are unfit for hospital service; and such 'little things' are too important to be pooh-poohed, or neglected, in the treatment of the insane. They are quite as important, indeed, to be known of, and attended to, as is the occasional necessity for, and skill in, the use of the stomach-tube for involuntary alimentation; or the voting qualification of appointees of political hospital-boards."

MELANCHOLIA AND GLYCOSURIA.—Dr. C. H. Hughes (*Weekly Medical Review*, October 20, 1883) says that notwithstanding the long-recognized association of hepatic and gastric disorders with depressed types of insanity, depending often upon co-existent atonic conditions, it is only of late that a somewhat intimate relationship between them and glycosuria has been noted. In some cases the glycogenic function is markedly disturbed, sometimes co-existently, at others alternately, with mental aberration; and more notably in connection with the depressed types, sufficiently often, it may be justly remarked, to justify an examination of the urine in all cases, especially of atonic melancholia, with a view to ascertaining whether the urine be not surcharged with sugar. Enough of such cases have fallen under his observation to justify the suspicion that others might have been found had the urine been tested during the different stages of mental depression, and during the precursory stage of approaching melan-